



CITY OF MORGANTON

Authorization Agreement for Prearranged Payment (ACH Debits)

City of Morganton • PO Box 3448 • Morganton • NC 28680-3448 • www.ci.morganton.nc.us

Check One: **Initial Setup:** **Change:**

Check Payments that Apply: **Utilities:** **Cable:**

Customer Information

ID #: _____ *Assigned by the City of Morganton*

Account Name: _____

Billing Address: _____

Utility Acct. No.: _____ **Cable Acct. No.:** _____

Financial Institution Account Information

Institution Name: _____

Address: _____

Transit/Routing #: _____ *Nine Digits*

Bank Account #: _____ *Include any leading zeros*

Type of Account: (Check One) **Checking:** **Savings:**

Old Financial Account Information *Complete only if requesting a change*

Institution Name: _____

Transit/Routing #: _____ *Nine Digits*

Bank Account #: _____ *Include any leading zeros*

Participant Authorization

I (We) hereby authorize the City of Morganton to initiate charges to the account named above for payment of utility and/or cable bills. The City will send written notice of the amount and the scheduled date of transfer at least ten calendar days prior to the due date.

This authority is to remain in effect until the depository has received written notice of termination and has been provided a reasonable opportunity to take action. The depository customer has the right to stop payment of debit entry by notifying the depository prior to charging the account. If the organization initiates an incorrect debit entry to the customers account, the customer shall have the right to ask the depository to credit the amount from that entry to the account. To obtain proper credit to the account the customer shall have fulfilled the following conditions: Notify the depository in writing of the incorrect entry within fifteen calendar days following the date the customer received the statement of account or a written notification of that entry or 60 calendar days after posting, whichever comes first.

Print Name: _____ **Tel:** _____

Signature: _____ **Date** _____

Bring in (or mail) a completed form and void check to:

**The City of Morganton Business Office
305 E. Union Street
Morganton, NC 28655**

City of Morganton Use Only: